

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 16, 2004 08:00 AM  
Secretary of State

DOCUMENT # F97000004831

1. Entity Name

MDS PHARMA SERVICES (US) INC.



Principal Place of Business

621 ROSE ST.  
LINCOLN NE 68502

Mailing Address

621 ROSE ST.  
LINCOLN NE 68502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0435749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SVP  
NAME MC CLURG, JAMES E ☐ Delete  
STREET ADDRESS 621 ROSE ST.  
CITY-ST-ZIP LINCOLN NE 68502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000054354  
CITY-ST-ZIP 02/16/04-80168-019 150.00

TITLE DSVP ☐ Delete  
NAME SEEVER, SAMUEL F  
STREET ADDRESS 621 ROSE STREET  
CITY-ST-ZIP LINCOLN NE 68502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CFO ☐ Delete  
NAME MITCHELL, KEITH C  
STREET ADDRESS 621 ROSE STREET  
CITY-ST-ZIP LINCOLN NE 68502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Delete  
NAME BRENT, PETER E  
STREET ADDRESS 621 ROSE STREET  
CITY-ST-ZIP LINCOLN NE 68502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE PD ☐ Delete  
NAME SQUIRES, DOUGLAS J  
STREET ADDRESS 621 ROSE ST.  
CITY-ST-ZIP LINCOLN NE 68502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CEO ☐ Delete  
NAME SQUIRES, DOUGLAS J  
STREET ADDRESS 621 ROSE ST.  
CITY-ST-ZIP LINCOLN NE 68502

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SAMUEL F. SEEVER 2-3-04 402-437-4891

Date

Daytime Phone #